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Obstruction of the Bowels.

By JOHN A. RAFTER, M.D., Holton, Kansas.

Two cases of obstruction of the bowels in children have occurred in my practice during the past week, showing the historic grouping of cases and having some interesting features and lessons to me.

CASE I. Boy, four years of age, had been eating freely of walnuts a few days before he was taken sick. He began to vomit the second of March. There was no passage from the bowels, and he continued to vomit until I saw him Thursday evening, the 29th. I gave him a teaspoonful of milk and a half teaspoonful of lime water every fifteen to twenty minutes. The nurses were directed to knead the bowels with warm olive oil for ten minutes at a time each hour during the night. This kneading and nourishment was continued until Friday morning. One dram glycerine injections were given each hour until three ounces were used, they being retained by elevating the hips and keeping a compress over the anus. The glycerine was used warm. About two o'clock Saturday morning the bowels acted, but not freely, although he rested quietly until morning. At the morning visit, about 9 A.M., I gave an injection of three ounces of olive oil, retaining it as before, and at 11 A.M. there was a free discharge from the bowels of walnuts and other debris. The bowels have been moving freely since and recovery is assured. The case at the time looked very unpromising. There was vomiting, great distension of the bowels, the legs were flexed on the thighs and the thighs on the abdomen, and he was screaming with pain. The temperature was 103°, pulse almost imperceptible, and the Hipocratic face well marked.

CASE II. Boy, three years of age, began vomiting Friday, March 30. The parents had no knowledge of the child eating anything unusual or excessive in quantity. I saw the child about midnight. His temperature was 104, pulse rapid, and he was having convulsions. There was some distension of the bowels, but no history of long constipation. Controlled the convulsions by warm water and I gave internally aconite one drop, compound acetanelide powder two grains each hour, alternating with the elixir of the valerinate of ammonia thirty drops and three grains of the bromide of potassium. Continued this until the temperature was reduced, and then gave it less often. The nurses were instructed to knead his bowels and give the glycerine injections as in Case I. About 11 A.M., April 2, his bowels acted freely, discharging in all probably one-half pint of grapes, grape seeds and skins. In one case there was no action of the bowels for ten days, and in the other case from four to five days. One was the result of walnuts and the other of grapes. A surgical operation was indicated, but by persistent kneading and injection of the bowel the obstruction or impaction was overcome. While surgical means have to be resorted to in some of these cases, yet by persistent treatment in the manner indicated a large majority of the cases can be relieved medicinally.

The history of cases, as given by parents, is often misleading, and even in the adult. When called to see a case of the kind described, taken suddenly ill with convulsions and vomiting, the indication is to free the alimentary canal as soon as possible.

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Topeka, Kansas, Saturday, April 7, 1894.

"Where are We At?"

We haven't given up our efforts in behalf of a medical law "by a heap". We have simply been waiting for some developments. Our plans are working smoothly, and the prospect for success is brighter than ever. Physicians all over the state are getting waked up to the fact that something should be done and they all want to be in the fight. We have received a number of letters from physicians over the state, some of them containing valuable suggestions as to what is needed, all of them favoring the efforts of the JOURNAL. We publish a few of them herewith:

Editor Kansas Medical Journal.—DEAR DOCTOR: I am in full accord and elated at your prominent position taken in your editorial of the KANSAS MEDICAL JOURNAL, January 6, 1894, and January 20, 1894, regarding medical legislation. I have good reason to believe there is no other state in the United States where the people are humbugged by quacks, charlatans, local and itinerant, drug-counter venders as Kansas. It is an emergent necessity to have a law empanneled — a law to regulate the practice of medicine that will protect the people, the physician, against imposters. The scholastic M.D., who has the qualifications of an eminent physician and surgeon, has but little protection in Kansas against charlatans; and the people, who are ignorant of the great science and art of medicine and surgery, and its intrinsic value.

I feel a deep interest in regard to insistsisting upon the legislators to enact such laws regarding the practice of medicine, obstetrics and surgery in the state of Kansas that will insure to the true physician, obstetrician and surgeon a rational protection, a just protection, in regard to his profession, that the people may fully realize and distinguish the true physician from the quack. A law that would protect the people against quacks, charlatans, local and itinerants, drug counter prescribing, and teach the people who is the true physician and surgeon that is capable of administering to their wants and sufferings intelligently, and to be fully recognized as such, and that his services are actual labor, and the physician must receive a recompence for his services rendered, medically, obstetrically and surgically, would be a grand step in honor of the highest fame to Kansas. Let the law say who shall and who shall not practice medicine and surgery in Kansas, and who shall be paid for their services rendered and who shall not be paid. The same as the law that regulates the teaching of public schools.

I recollect well the struggle we had in the state of Indiana to get a law enacted in that state to regulate the practice of medicine in 1884. Thanks to high heaven our efforts were crowned with success, and in 1885 there was something over 500, who were pretending M.D.'s, were obliged to cease pretentious empiricism and seek other quarters. In addition to the medical practice act, we should have a quarantine law in Kansas, controlled

by the physician, so the physician may at any time or place, where he meets a case of malignant contagious disease, such as small-pox, diphtheria, scarlatina, cerebro-spinal fever, cholera, measles, typhoid fever, etc., have the full power to quarantine them and stop the spread of the contagium. With a heavy penalty attached for disobedience, or neglect on the part of the physician, or patient, or any one interfering against it—say a penalty of $500 for first offense, $1,000 and a year's imprisonment for second offence, and so on. We would then soon find that it would be no trouble to care for the afflicted and the preservation of well.

I will endeavor to assist all I can in obtaining such a law.

Most respectfully,
GEO. N. LOWE, M.D.,
Randall, Kansas.

Editor Kansas Medical Journal:

My opinion is in order to secure a good law it will be necessary to have a united effort on the part of each and every school of medicine in the state. Such a plan can best be secured by a small committee from each state society.

Since I came to Kansas I have always exacted a pledge from the nominee before election that he would use his influence for a suitable law. I have never been disappointed in my man.

To secure this end it does not require a strong pull nor a long pull, but a pull altogether. Yours truly,

H. H. SUTHERLAND, M.D.,
Herington, Kansas.

THE committee on arrangements for the meeting of the Kansas State Medical Society at Atchison is composed of Drs. W. H. Bogle, E. G. Blair, C. H. Linley and P. S. Mitchell. All matters concerning displays, etc., should be addressed to the chairman, Dr. W. H. Bogle, Atchison, Kansas.

"Human Vivisection."

A paper on this subject, read at the recent meeting of the Tri-State Medical Society by Dr. J. M. Ball, provoked considerable discussion.

It seems a little strange to us that in this enlightened age there should be any serious contemplation of regenerating the old-time torture of the criminal. The old idea evidently was that in putting men to death they were meeting out the greatest punishment for the greatest crime. Such a conception of capital punishment certainly does not now exist in the minds of careful thinkers. The man who is a constant menace to society is, for the protection of society, condemned to death, and while the idea of punishment may be conveyed in the sentence, it seems to us that it is not really the intent of the law.

Every means known to science has been used to render the death of criminals instantaneous and painless. It has, we think, been satisfactorily shown that the severity of the punishment does not in any way add to its influence in preventing crime. On the other hand, we are satisfied that in those countries and in those times when torture was the prevalent form of punishment, crime was no uncommon thing. In the south, where rape is often summarily dealt with, sometimes by the rope and often by the stake, the effect is not very marked upon the decrease of such crime. The prime object ject of any punishment is reformation.

We have our jails and penitentiaries, but even here the idea of torture has long been abandoned, and in its stead we have methods of instruction and training all tending toward a plan to convert the criminal into a useful citizen.

The history of crime and its treatment shows a gradual, but certain, eradication of the idea of punishment and the substitution of reformative methods more in accord with our state of civilization. Physicians especially should be the last to suggest a return to methods of barbaric cruelty. (We know no more appropriate term for what is

suggested.) It is our mission, as physicians, to relieve pain and suffering, and we are as ready to aid the criminal as the righteous. Who among us that is worthy the name of physician would sacrifice a single life for the sake of experimentation? Who that would add even the slightest unnecessary pain to one we knew must die?

Shall we then, whose mission is one of mercy, become butchers for the law? Shall we prostitute our calling and add torture to suffering for the sake of experimentation, the results of which must be indefinite and uncertain. For even if our victim were anæsthetized there would arise the question as to a difference in the functions in the natural state and in a condition of anæsthesia.

We can hardly believe that public opinion or scientific judgment would tolerate a practice so opposed to our sense of justice and humanity.

Eastern Kansas Medical Society.

The annual meeting of the Eastern Kansas Medical Society will be held in Topeka, April 12, 1894, at 7:30 P.M., in A. O. U. W. Hall, 723 Kansas avenue. The following is the program:

1. Reading the minutes of last meeting.
2. President's Address (annual).—Dr. A. B. McCandless.
3. Election of officers.
4. After-Treatment of Abdominal Sections.—Dr. Emory Lanphear.
5. A Paper.—Dr. J. A. Rafter.
6. For What are We Indebted to Brown-Sequard?—Dr. B. D. Eastman.
7. Symposium—Immunity, led by Dr. B. E. Fryer.

R. S. MAGEE, M.D.,
Secretary.

PROF. BROWN-SEQUARD, the world renowned physiologist, died in Paris, April 2.

A Black Eye for Quackery.

Our efficient secretary of the State Board of Health has inaugurated a war on quacks that bids fair to be of no small proportions and not lacking in results.

There have been for several years "medical institutions" (?) in Kansas City whose custom it has been to send out over Kansas agents or runners to contract for business. These agents, without even a smattering knowledge of medicine, would go from one town to another, would diagnose (?) the cases and take a note for as large a fee as they could extort, and the medicine would be shipped from the "institoot".

Of such a nature seems to have been the plan of B. T. Hughes, advertising agent for Dr. McFarlane, of Kansas City. Hughes was arrested at Norton, Kansas, on a charge of empiricism or quackery. Evidence was produced showing the nature of the business and the evident fraudulent actions of the parties concerned. Hughes was tried April 2d and fined $50 and cost, amounting to $80.

To the health officer, Dr. J. T. Strickler, and to the county attorney, D. E. Jones, is due the credit of carrying the matter through successfully. If a few more of our health officers would tone up their nerve to the sticking point and keep the mill grinding, there would be a wonderful exodus from Kansas of the feathered tribe.

DR. B. T. WHITMORE, formerly of the firm of Mercer Whitmore & Co., of Omaha, has severed his connection with that firm and is once more traveling in the interests of Parke, Davis & Co. There is, perhaps, no man in his business better known to western physicians than Dr. Whitmore, and we congratulate the firm on their acquisition.

THE undertaker says his business is dead. —*Ex.*

The Doctors of Three States.

The Tri-State Medical Society, which has just closed its session at Kansas City, was a very interesting one and was well attended.

The visiting members were royally entertained by the physicians of Kansas City.

As is the rule with these societies, the program was too big for the amount of time, and it was necessary to cut the time of discussions, and the interest in some of the papers was considerably blighted by the the "hurry" manifested.

Some of the papers were tedious and provoked no discussion, while others, which awakened the interest of all, were allowed to pass with little notice, because it was useless to attempt a thorough discussion in the time allotted.

After the close of the morning session (Wednesday) the society were directed to the reception rooms of Parke, Davis & Co., where an elegant lunch had been prepared. This enterprising firm are noted for their royal hospitality, and this mark of favor only adds another cord to the tie which binds them to the hearts of the profession.

A reception was tendered the society by Dr. J. P. and Mrs.. Jackson and Dr. Jabez Jackson, and later in the evening an elegant banquet was served at the Midland.

From the Northwest.

The Northwest Kansas Medical Association met in regular bi-monthly session at Oakley, Kansas, April 2, 1894.

There were present Drs. Bobo, Page, Jones, Winslow, Tulles, McDonald, Brainard and Norris.

Visiting physicians: Drs. Vanderpool and L. J. Lyman, of Manhattan, and Dr. S. E. Sheldon, of Topeka.

A committee appointed to arrange a fee bill made their report, and, after some discussion, it was recommended for the guidance of the members.

A paper on "Railway Surgery" was presented by Dr. McDonald. The part of the paper referring to antiseptics was most discussed, and the substitution of boracic acid for iodoform seemed to meet with the greatest favor. On the question of the best antiseptic, a vote showed the society were clearly in favor of boracic acid.

Dr. Brainard presented a paper on "Medical Legislation". The plan of calling a convention of physicians in the near future was endorsed and a committee, consisting of Drs. A. B. Jones, J. N. Page and C. W. Winslow, were appointed, with Drs. Norris, Brainard and Bobo as alternates.

A paper on "Angina Pectoris," by Dr. Winslow, and a paper by Dr. Tulles were then considered by the society.

The KANSAS MEDICAL JOURNAL was selected as the official journal of the association.

The members of this asscoiation are heartily in sympathy with any plan to secure better legislation, and if other societies will take hold of the matter as earnestly and systematically, success is certain.

Puerpural Eclampsia Intrapartum from Renal Insufficiency.

When there is œdema of the lower extremities, accompanied with albumen in the urine in the latter stages of pregnancy, the attending physician should be on his guard.

It is not wise to tell the patient and friends there is no danger, because many such patients pass through labor with unfavorable symptoms, as a certain per cent. of such patients do have eclamptic convulsions. When there is albumen in the urine and œdema of the extremities, the tincture of the chloride of iron acts as a diuretic, improving the condition of the blood and gives tone to circulation. Such patient should be placed upon a milk diet as soon as circumstances will admit until the albumen disappears from the urine.

If called to a patient in an eclamptic fit,

the best remedy is to inject one dram of hydrate of chloral in about four ounces of water into the rectum and then pilocarpin, one-sixth grain, hypodermatically. Brandy is indicated to support the heart. The bowels should be moved with eleterium.

After delivery, the hydrate of chloral and pilocarpine should be kept up until all danger is past.

Senseless and Wicked Legislation.

We understand that an attempt is to be made to increase the already excessive tax upon alcohol. Legislation of this character is both senseless and wicked. We protest against it as democrats and humanitarians.

The democratic party was elected by the people in the hope of a decrease in the severe burdens they have so long borne. Alcohol is a prime necessity. Not whisky, or brandy, or wine, or beer, but alcohol. Enormous quantities are used in the manufacture of medicines, and an increase in taxation means a necessary increase in their price to the suffering poor. Sick people, however poor, must have medicine, but can ill afford any additional increase in cost.

Druggists and physicians, who dispense their own medicines, will also be seriously affected.

Then, too, the excessive tax upon alcohol exerts a paralitic influence upon home industry. Compels us to import millions of dollars worth of drugs and chemicals that were better made at home.

In the name of patriotism, of humanity, of compassion for the sick and suffering of our land, we protest against such outrageous legislation by men who have not considered and do not understand the practical working os such statutes.

We call upon the medical profession, individually and collectively, to use all possible influence to defeat the bill for an increased tax on alcohol.—*Medical Brief.*

Medical Legislation in Ohio.

It seems a great calamity is about to befall the medical law in Ohio. It seems a greater pity after all the effort put forth to secure harmony in the profession and after all factions had agreed upon a proper bill, that then it should be killed by a committee and that committee composed of physicians. What justice is this that members of the profession, in whose interest so much time and effort has been spent, should be so blind, so inconsiderate of the general welfare, as to sacrifice the whole profession upon so small a question. That our brethren most interested in the work of medical legislation in Kansas may profit by our Ohio friends' mistakes, we publish in full the following letter and editorial which explain themselves:

COLUMBUS, O., March 26, 1894.

Editor Lancet-Clinic:

Your favor of the 24th inst. is at hand. The medical bill seems likely to die in the house committee on medical colleges and universities. They have proposed to report it back without recommendation, but as this is equivalent to a defeat, I have declined to consent to that, and prefer to have the responsibility rest where it belongs, and that is with the committee itself. This committee is made up almost entirely of doctors, consequently the defeat of medical legislation this winter is to be charged to members of the profession itself. With a prompt and favorable report from the committee, I believe the bill would have passed the house practically as it came from the senate.

The division in the committee is entirely on the organization of the board. Under the present arrangement the regulars would have three members out of seven, with five affirmative votes necessary to effect any action by the board. The disaffected members of the committee desire a board of eight, four of whom may be regulars, with an affirmative vote of six necessary to pass any measure. There is no more difference in the practical effects of the two boards so constituted than there is between tweedle

dum and tweedle dee, and the members of your committee on legislation here have been quite willing to agree to either, but the chairman of the committee in the house is a homeopath, and his school seems to suspect some treachery and something inimical to their interests, and will not consent to the change.

It is a fact, also, that there is a very unreasonable and impractical view of medical legislation among the members of the regular school throughout the state, as voiced in their letters to the members of the legislature. They think this bill would be ineffective, not directed against "quackery," and that some more effective method of reaching "quacks" should be adopted, and yet they can point to no similar legislation in other states, and can suggest nothing further themselves than is adopted in this bill, to wit, the determination by this board of what shall constitute a college in good standing and the recognition of diplomas from such colleges only, and the requirement, in addition, of an examination. If any one can suggest how we can go farther than this in the control of the practice of medicine by legislation, I will be glad to have them suggest the method.

Very truly yours,

A. B. RICHARDSON, M.D.

"On receipt of the above letter from Dr. Richardson, we could not but feel that this is a pretty how do you do, and indicative of a necessity for another campaign, in which there will have to be a burning of camp-fires in every township in the state of Ohio. The situation is singular and anomalous. A legislature elected in the interests of a legalized practice of medicine thwarted by members of the medical profession who were elected to the legislature!

"The bill now in the hands of the house committee is not near what we would have it to be as an ideal measure, but we regarded it as a thousand-fold better than no bill at all, and such a measure as seemed to come nearest in suiting the views of a vast majority of the medical profession. It would have secured a legalized standard of practice, and could have been amended afterwards so as to best meet the requirements of the people and of the medical profession.

"The few physicians of the state who have opposed the enactment of the bill should attend the meeting of the Ohio State Medical Society, and bring with them a measure which they believe will meet the demands of the times, or go without one and squarely admit that they are in favor of free trade in the practice of medicine, which is a condition that does not pertain to any other profession. The practice of law is restricted to those who have been regularly examined by a board constituted according to law, and not until then are applicants admitted to become members of the bar. Teachers are examined by a lawfully-constituted board of examiners before being granted a certificate to teach. The clergy are required to pass examinations before ordination so that they may legally perform the marriage and other ceremonies. But to practice medicine, the most intricate of all the arts and sciences, there are no requirements in Ohio."

Legal Requirements for the Practice of Medicine in the United States.

The Illinois State Board of Health will include in its forthcoming report on medical education the text of all laws on this subject in force at the beginning of this year in the several states and territories of the United states and in the provinces of the Dominion of Canada. From this report, through the courtesy of the secretary of the board, Dr. J. W. Scott, the following interesting data have been gathered for which we are indebted to the *Journal of the American Medical Association:*

Of the six New England States, Maine, Massachusetts, New Hampshire and Rhode Island have no legal requirements for the practice of medicine. Connecticut has adopted a medical practice act which went into effect October 1, 1893, and in Vermont the law requires the registry of a diploma

indorsed by a board of medical censors or of a certificate of satisfactory examination by one of these boards.

Exclusive of the four states first named, the other states and territories may be roughly grouped into the following three classes:

In Alabama, Arkansas, Florida, Maryland, Minnesota, Mississippi, New Jersey, New York (act of May 9, 1893), North Carolina, North Dakota, Pennsylvania (after March 1, 1894), South Dakota, Texas, Utah, Virginia and Washington, the diploma confers no right to practice and has no legal value, except in some cases to give its possessor standing before an examining board. The right to practice in each of these sixteen states is determined by individual examination before boards of examiners created by law.

In California, Colorado, Connecticut (since October, 1893), Delaware, Illinois, Iowa, Kentucky, Lousiana, Missouri, Montana, Nebraska, New Mexico, Oklahoma, Oregon, Tennessee, Vermont and West Virginia the diploma is subject to the supervision of some designated body vested by law with authority to determine its validity as evidence of its possessor's qualifications for the practice of medicine. Failing the possession of such a recognized diploma, the right to practice may be acquired by passing a satisfactory examination.

In Arizona, Georgia, Idaho, Indiana, Kansas, Michigan, Nevada, Ohio, South Carolina (since the repeal of the act of 1888), Wisconsin and Wyoming, the presentation of any kind of a diploma—provided only that it be from a "chartered" medical institution—is the sufficient warrant in law for county clerks, clerks of courts, registrars of deeds and similarly-qualified judges of medical fitness to admit to practice.

Following is a resume of the legal requirements for practice in each state and territory of the United States, in force January 1, 1894:

Alabama.—A certificate of successful examination by the state (or a county) board of medical examiners. Diplomas confer no right to practice.

Arizona.—Registry with a county recorder of an unrevoked, uncancelled "diploma, regularly issued by a medical college, properly and lawfully organized under the laws of the state wherein said college should be located."

Arkansas.—A certificate of successful examination by the state (or a county) board of medical examiners. Diplomas confer no right to practice.

California.—A certificate issued on the diploma of a college in good standing or upon a successful examination by one of the state boards of medical examiners—regular, homeopathic or eclectic.

Colorado.—Similar to California, except that there is but one state board of medical examiners.

Connecticut.—A certificate of registration of the diploma of a college "recognized as reputable by one of the chartered medical societies of the state," regular, homeopathic, eclectic; or a certificate of satisfactory examination by a committee appointed for the purpose by the state board of health.

Delaware.—A certificate based upon the registration of a diploma from "a respectable medical college," or upon "a full and impartial examination by the state board of medical examiners."

District of Columbia.—Nominally the indorsement of a diploma or an examination by a committee of the District Medical Society; practically no requirement.

Florida.—A certificate of satisfactory examination by the state (or a district) board of medical examiners. Diplomas confer no right to practice.

Georgia.—The registration of a diploma from any "incorporated medical college, medical school or university." The clerks of the superior courts are the sole judges of the value of the diploma as evidence of fitness for medical practice.

Idaho.—The record of a diploma at a county seat.

Illinois.—A certificate issued by the state board of health upon the diploma of a legally chartered medical institution in good standing as determined by the board or upon a satisfactory examination by the board.

Indiana.—The registration, in a county clerk's office, of a diploma "from some reputable medical college."

Indian Territory.—(a) Cherokee Nation: An examination by the board of medical examiners; (b) Choctaw Nation: A certificate based upon a diploma or upon an examination by the board of medical examiners; (c) Creek Nation: Payment of $25 annually as a license fee.

Iowa.—Similar to Illinois.

Kansas.—The registry of a diploma from "some respectable school of medicine," or of a certificate of qualification from some state or county medical society.

Kentucky.—A certificate from the state board of health issued upon the "diploma of a reputable and legally-chartered medical college."

Louisiana.—The record of a diploma from "any medical institution of credit and respectability" after indorsement by the state board of health.

Maine.—No legal requirement. In 1887 an act to regulate the practice of medicine was passed by the legislature, but was vetoed by the governor.

Maryland.—A certificate issued upon a satisfactory examination by the state board of medical examiners. Diplomas confer no right to practice.

Massachusetts.—No legal requirement.

Minnesota.—Similar to Maryland.

Mississippi.—Similar to Maryland, except that the examination is made and the certificate issued by the state board of health.

Missouri.—Similar to Illinois.

Montana.—Ten years of practice; a certificate upon the diploma of a college "in good standing," or upon an examination by the state board of medical examiners.

Nebraska.—A certificate issued by the state board of health upon the diploma of "a legally-chartered medical school or college in good standing," as defined in section 8 of the act of July, 1891.

Nevada.—The record of a diploma from "some regularly-chartered medical school."

New Hampshire.—No legal requirements.

New Jersey.—A license issued upon a successful examination by the state board of medical examiners. Diplomas confer no right to practice.

New Mexico.—A certificate upon the diploma of a legally-chartered medical institution in good standing, or an examination by the territorial board of medical examiners.

New York.—A license issued upon a successful examination by one of the state boards of medical examiners — regular, homeopathic, eclectic. Diplomas confer no right to practice.

North Dakota.—Similar to North Carolina.

Ohio.—The diploma of a respectable school of medicine or a certificate of qualification from a state or county medical society.

Oklahoma.—A license issued by the superintendent of public health upon a medical diploma or after examination.

Oregon.—A certificate on the diploma of a college "in good standing," or after examination by the state board of medical examiners.

Pennsylvania.—A license issued after examination before one of the state boards of medical examiners. Act of May 18, 1893; takes effect March 1, 1894. Diplomas will thereafter confer no right to practice.

Rhode Island.—No legal requirement.

South Carolina.—A certificate of verification of the diploma of a reputable medical college. An act of December 24, 1890, abolished the state board of medical examiners created by the act of 1888, and under which the diploma conferred no right to practice.

South Dakota.—A license issued by the state board of health after examination. Diplomas confer no right to practice.

Tennessee.—A license on the diploma of a college "in good standing," or after examination by the state board of medical examiners.

Texas.—A license issued after examination by a district board of medical examiners. Diplomas confer no right to practice.

Utah.—A license issued by the territorial board of medical examiners after examination. Diplomas confer no right to practice.

Vermont.—The registry of a diploma indorsed by one of the boards of medical censors or a certificate of examination by one of the boards.

Virginia.—A license issued after examination by the state board of medical examiners. Diplomas confer no right to practice.

Washington.—Similar to Virginia.

West Virginia.—A license on the diploma of a reputable college or after examination by the state board of health.

Wisconsin.—The indorsement of a medical diploma by the censors of either of the state or county medical societies.

Wyoming.—The record of a diploma with a registrar of deeds.—*Medical Review.*

American Medical Association.

As many of our readers contemplate attending the meeting at San Francisco in June, we publish the following from the *Southern California Practitioner*, which gives some timely details of the arrangement made for accommodating the members:

"The committee of arrangements has secured Odd Fellows' Hall Building, corner of Market and Seventh streets, for the meeting June 5, 1894. Assembly Hall, for the general meeting, has a capacity of 1,500; the twelve smaller halls, for section work, range in capacity from 500 downward, with committee rooms adjacent.

"The engagement carries three of these rooms for accomodation of associate organizations, as that of the editors, colleges, etc.

"The banquet room on the ground floor, sixty-five by ninety-five feet, will be devoted to exhibition purposes, for which it is admirably adapted, and has been secured for the entire week, that exhibitors may have Monday in which to place their goods and Saturday in which to remove them. Nearly half the space is already taken, and others who desire to make a display of their goods under the most auspicious circumstances ever presented on the Pacific Coast should loose no time in applying to the chairman for space.

"Headquarters for the association have been located at the Palace Hotel, corner Market and Montgomery streets, only four blocks from the place of meeting.

"Here we have Marble Hall, thirty-six by forty feet, as a registration room where work will begin on Monday, and Parlor A, for committee work.

"The following hotels, centrally situated and convenient to the place of meeting, have quoted special rates for members and their families, which will apply during the entire stay of the guests, who should, upon registering, signify that they are in attendance upon the meeting of the association.

"The rates quoted are for single persons, the variation depending upon the size, situation, and appurtenances of the rooms, as single, en suite, with private bath, etc.; special arrangements will be made for families or parties on timely notice.

"Some of the hotels entertain upon the American plan only, some upon the European plan only, and some upon either plan to suit guests.

"Palace Hotel, (headquarters), American plan (rooms and board), $3.50 to $5.00 per day; European plan (rooms only), $1.40 to $3.50 per day. Baldwin Hotel, American plan, $3.50 to $5.00 per day; European plan, $1.00 to 3.00 per day. California Hotel: American plan, $3.50 and up, per day; European plan, $1.50 and up, per day. Lick House: American plan, $2.50 and up, per day; European plan, $1.00 and up, per day. Occidental Hotel: American plan only, $2.50 and up, per day. Hotel Pleasanton: American plan only, $2.50 to $5.00 per day. Russ House: American plan, $2.00 to $3.50 per day; European plan, 50 cents to $2.00 per day. Grand Hotel: connected with the Palace by a glass-enclosed bridge across New Montgomery street, European plan only, $1.00 to $2.00 per day.

"In addition there are many other hotels, boarding-houses, lodging-houses and restaurants contiguous to the place of meeting where one can be made happy and comfortable at less cost.

"Post-office section K is located in the Palace Hotel on the office floor, adjacent to the registration room, where members can receive all mail matter by having it so addressed."

The Transmission of Enteric Fever by Water.

There can be no question that the most frequent mode of transmission of enteric fever is through the intermediation of the water supply. Next in frequency is the milk supply, but this may ordinarily be included in the first, because there is nothing peculiar to milk itself or its source that should make it a carrier of infection, apart from procedures concerned in its manipulation and distribution. This contamination of milk need not necessarily be a result of premeditated adulteration or dilution, but may take place from the legitimate use of water for purposes of ordinary cleanliness. Besides, the possibility of direct contamination of milk through an infected person must also not be ignored. Other possible channels of communication are infected ice, infected vegetables, and defective sewerage or plumbing.

Sedgwick and Chapin (*Boston Medical and Surgical Journal*, vol. cxxix, No. 20, p. 485) detail an analysis of an epidemic of enteric fever in the city of Springfield, Massachusetts, and Sedgwick reports the results of an investigation of an epidemic of enteric fever in Somerville, Massachusetts, both of which, upon careful inquiry, were found to be due to infected milk. In the first instance the cases occurred in one of the best parts of the city from a sanitary point of view, but among families supplied with milk from a common source. Some little difficulty was at first experienced in tracing the ultimate channel of infection, but upon persistent and diligent investigation it was found that some cases of enteric fever had occurred at the dairy whence the suspected milk was derived. It was learned that for purposes of preservation the not-quite-full cans containing the milk were for a time submerged in a well that there was ample reason to believe had become contaminated by the dejecta from the cases of enteric fever, and it was further found that these cans were not so hermetically closed as to prevent the entrance of water. The number of cases discovered and investigated in this epidemic was 150, and the number of deaths 25. Of the whole number, 101 had directly received milk from the incriminated source, while 34 others had access to the same milk.

In the second instance reported it was at once discerned that the cases also occurred particularly among the customers of one milkman. Further investigation disclosed that a son of this man who participated in the handling of the milk-cans, if not of the milk itself, had an attack of enteric fever at first unrecognized, and throughout a large part of which he had continued at work; and it is reasonably surmised that he, in in some more or less obvious manner, was the medium of infection. Thirty-two cases were traceable to this common cause. Of this number thirty had been supplied with or had access to milk supplied from the suspected source. These two reports, the essence of which we have here reproduced, illustrate admirably how difficult it sometimes is to trace a source of infection, and they reflect great credit upon those who undertook and carried the investigation to a successful issue.

Many similar reports have been published, and the data are abundant showing the intimate relation between the spread of enteric fever and contamination of the water supply and of the milk supply, and we shall only further briefly refer to the report by Dabney (*The News*, December 2, 1893, p. 630) of an epidemic of enteric fever involving fourteen students in the University of Virginia. These lived in different parts of the institution, but all took their meals at the same hotel, one of the employes of which was found also to be ill with enteric fever. There was nothing about the hotel itself to account for the sickness, but it was learned that a part of the milk supply was derived from the dairy of the keeper of the hotel,

and further investigation disclosed the fact that the udders of the cows, from which the milk was obtained, were washed with water obtained from a creek into which a sewer emptied at a point above the dairy, and, in addition, into which probably the dejecta of a previous case of enteric fever, thrown on the ground and not disinfected, had been washed.

There seem to be but a few words to add, but the importance of these cannot be exaggerated. They are that if all water and all milk, used for personal and domestic purposes, were sterilized, enteric fever would soon disappear. An approximation to this desirable end is attainable in a rigid scrutiny of the water supply and legislative supervision of the milk supply. The benefits of such protective measures would apply not only to enteric fever, but also to scarlatina, to diphtheria, to cholera, perhaps to malaria, and probably to other infectious diseases.—*Medical News.*

A New Treatment of Mammary Abscess.

Tweedy adopts Weber's method of treating mammary abscess.

An early and free incision is made in the breast, radiating from the nipple and situated at the most dependent part of the abscess.

The finger is then inserted into the wound and the gland structure broken down. This manipulation, it is stated, will have no bad effect on the healthy tissue.

By this process several new cavities will be found, and these in turn are to be opened by an incision similar to the first, and the whole thoroughly douched with some antiseptic solution.

The membrane lining the several cavities is to be curretted, and the debris removed by a second douching.

Strips of gauze sufficient to fill every interstice of the abscess, are to be steeped in a one-per-cent. solution of carbolic acid, and inserted by means of a long sinus forceps and probe. A large, flat sponge is then placed on the breast and tightly bandaged thereto for twenty-four hours. After this period the dressings are removed, and without further irrigation the cavities are again packed, the sponge and bandage being reapplied as before.

On the third day the process is repeated.

In the fourth dressing the gauze packing is dispensed with and the incisions are drawn together and dressed antiseptically; the sponge and bandage are reapplied.

This last process is repeated every twenty-four hours until healing is complete; this usually takes place about the tenth day. In one of the author's cases the whole process was accomplished without the aid of anæsthesia. In only one of his cases was it necessary to make a second incision. The incisions are never longer than is necessary to admit a finger.

Iodoform gauze should be used for packing the wound.

The author, only having treated five cases, cannot say definitely what portion of the above treatment is essential, but is strongly inclined to the opinion that curettment can be safely dispensed with.—*Medical Press and Circular.*

No Medical Act in Massachusetts.

A correspondent in the *British Medical Journal* for March 10 points out the ease with which one may be able to style himself "Dr." in Massachusetts, and the shame upon the professional men of that state for the indifference they manifest regarding medical legislation for the protection of the ignorant classes.

The following are his words:

"The close of another year without any legislation in Massachusetts to restrict or in any way regulate the practice of medicine is of significance. In this state no physician is required to show any credentials or any diploma before he can practice. A tailor or a baker has as much right as a graduate of the Harvard School to call himself Dr., and

to practice medicine, surgery or midwifery. There is no registration board, no examiners, no censors. It is a free and open profession to all who choose to call themselves doctors.

"It must be surprising to outsiders that such a state of affairs is allowed to exist in a well-regulated community, but the profession is apathetic and without legislative influence. From time to time an attempt is made to pass a law, but the irregulars and quacks fight much harder against it than the better men do for it, and it is now some time since even an attempt was made to secure a law. Massachusetts is one of the few states still without protection. There is a state society open only to graduates of regular schools, for admission to which examination before a board of censors is necessary, but membership in the state society carries little weight or privilege, except that of standing well in the eyes of one's fellow-practitioners.

"Most of the states have some responsible examining board, who license those who show themselves qualified to practice. and this furnishes a certain protection to the ignorant public, who are the worst sufferers. Some states have efficient laws which are well enforced, and in these states the quacks find it difficult to secure a foothold; but other states, with good laws, are practically as badly off as is Massachusetts, because the registration laws are not enforced. But the fact that of the leading states, from an educational point of view, such as Massachusetts, is absolutely indifferent to the existing state of affairs must be surprising to English practitioners."

Gastrotomy.

Dr. Fouchu Warren Samuel, in *Mathew's Medical Quarterly*, reports a case of gastrotomy for cicatricial stenosis of esophagus. The stenosis was the result of swallowing some lie. The accident happened nearly three months prior to the doctor's observation of the case. There was then difficulty in swallowing and regurgitation of all solid food. Attempts were made to introduce a bougie, but were always unsuccessful. An incision was made over the stomach and that organ anchored to the wound. It was then left for six days before opening the stomach. During this time it was observed that the patient could take liquids in small quantities much easier than before. A tube was introduced through the external wound into the stomach and the patient allowed to feed himself by taking milk into the mouth and blowing it through the tube. After two years the patient discarded the use of the tube and in five years is reported as being in perfect health. The doctor concludes that the cure of the stenosis was due simply to rest, as no bougie was used for purpose of dilating.

Somatose, a New Nitrogenized Food Product.

To conform with recent physiological teachings, a food product should consist essentially of albumoses and be as free as possible from admixture with peptone. The researches of Kuhne, Gerlach, von Norden, Munck, Pfeiffer, Hildebrandt and others have conclusively shown that aside from their bitter, disagreeable taste and tendency to provoke nausea, vomiting and diarrhœa, the peptones possess, but slight nutritive value. On the other hand these observers state that "it is undoubtedly possible to introduce the entire quantity of the albumin of the food in the form of albumoses, and not only to maintain the bodily weight during the experiment, but actually to increase it." After prolonged experimentation the Farbenfabriken vorm. Friedr. Bayer & Co., Elberfeld, have been enabled to supply a a preparation rich in the nutritious albumoses and almost completely free from the objectionable peptones. This product, known by

the name of Somatose, has lately been tested in the medical wards of the Medico-Chirurgical Hospital in Philadelphia, by Dr. E. G. Thomson. In two cases of typhoid fever, with marked irritability of the stomach, Somatose acted as a sedative to the hyperæsthetic gastric mucous membrane and proved an acceptable form of nourishment, although other foods were not retained. A like happy result was obtained in a case of gastric catarrh with possible gastric ulcer. Dr. Thomson's experience has been confirmed by Dr. Woodbury (*Medical Bulletin*) who states that in cases of debility, especially of the acute variety, following influenza or after repeated hemorrhage Somatose has proved a useful and reliable resource. In pulmonary affections he has found it advantageous to add Somatose to broth, milk, coffee, cocoa and other forms of liquid food. By this means the physical strength of the patients and the return to health after acute illness have been decidedly influenced for the better.

Chloralamid a Remedy for Sea-sickness.

Mal de mer is an ailment to the treatment of which I directed attention at the recent meeting of the Medical Climatological Section of your Exposition. I there stated that evidence very complete and very convincing existed as to the utility of a solution of chloralamid and bromide of potassium, known as chlorobrom, in arresting the retching and in allaying the mental depression which accrues after the stage of active vomiting had passed. Since then evidence has been published in the *Lancet* by ship surgeons which notably proved its prophylactic action, if certain medicinal and dietetic requirements be carried out, previous to the passenger going on board ship. These requirements are simple and need not be mentioned. The solution is potent, palatable and safe. It is always retained, and I have no hesitation in saying that at least we have found a remedy for "The swooning sickness of the dismal sea." From "An Address on Medical Treatment, Past and Present," delivered at the Post-graduate Medical School and Hospital, Chicago, September 19, 1893, by Dr. M. Charteries, Professor of Therapeutics and Materia Medica, University of Glasgow.—*N. Amer. Practitioner.*

THIOL is gradually establishing a permanent hold on the attention of speciatists and favorable clinical reports are increasing. We note the latest report from a Russian, Dr. Rudnew, at the City Hospital at Lublin, who reports most excellent results from thiol in treatment of erysipelas. He finds that after the application of thiol the pain ceases, the skin is no longer irritated, and the development of the micrococci is retarded. The favorable effect of the remedy was also proved in treating acute inflammatory processes of the skin and particularly of the cellular tissues. Rudnew recommends thiol especially for those cases of erysipelas in which sublimate fails.—*N. on N. Pharm. Products.*

Medical Chemistry, Urinalysis and Pharmacy.

A ten weeks' course in these branches will be given at the Kansas Medical College, beginning April 4, 1894.

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"WHAT is the action of disinfectants?" was asked of a medical student. "They smell so bad that people open the door and fresh air gets in," was the reply.—*New Idea.*